V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27175

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 614

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Missouri CT AAA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution In Hospital (Specify whether
In this community 1 Week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Walnut Grove Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Phillip Wesley Miller

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora Sanford Miller

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April (Month) 9 (Day) 1894 (Year)

8. AGE: Years ✓ 48 Months 4 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Walnut Grove (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Trucker & Stockman

11. Industry or business Stock dealing

FATHER
12. Name John Wesley Miller
13. Birthplace Unknown (City, town, or county) Vermont 1 (State or foreign country)

MOTHER
14. Maiden name Josephine Daniel
15. Birthplace Crawford County (City, town, or county) Kansas 1 (State or foreign country)

16. (a) Informant Mrs JW Miller
(b) Address Walnut Grove, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery Walnut Grove Mo

18. (a) Signature of funeral director Gene A Brown
(b) Address Walnut Grove, Missouri

19. (a) 8-21-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1942 hour 12 minute 50 a. M.

21. I hereby certify that I attended the deceased from Aug 11, 1942, to Aug 18, 1942
that I last saw him alive on Aug 18, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis general	5 days
Due to: Perforated Carcinoma of Colon	7 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert Glynn (M. D. or other) Mo
Address Springfield Mo Date signed 8/19/42

984 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. E 6 6 4

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.